

Certification Of Insured Employee's Retired Status

(See instructions on reverse side)

	·											
Name of retired employee (last, first, middle)		2. Date of birth (mo., day, yr.) 3. Social security numb						er				
4. Mailing address (number, street, City, State and ZIP Code)		5.	Plan or System under which retired	6.	Retirement c	laim r	numb	er (if	any	()		
		7.	Effective date of annuity (mo. day. yr.)	8.	Did employee i annuity? Yes	retire o	n an No		diate)		
Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date?		10.	Did employee have Standard Optional Ir opportunity or the 5 years immediately p	surar	ce (Option A) froing the annuity	om the	first encin	g date	9			
Yes	75% Reduction											
If "Yes" check		1	_	1								
appropriate box	No Reduction	ļ.,	Yes	No								
11. Did employee have Additional Optional Insu opportunity or the 5 years immediately prec	eding the annuity commencing date?	12.	or the 5 years immediately preceding the	urance (Option C) from the first opportule annuity commencing date?					nity			
Yes	No		Yes	No								
I hereby <i>certify</i> that the above info obtained from official records and		unv	erified service alleged by the retin	ed e	mployee, ha	s bee	en					
14. Name and mailing address of agency (include ZIP Code)		15. Signature of authorized agency official										
		16.	16. Typed name of authorized agency official 17. Date (mo., day							:.)		
		18.	. Title		•							
Certification	on of Office of Person	ne	l Management, Boyers, I	PA	16017							
Individual named above has Basic Life In under the Federal Employees' Group Life Individual named above does not have Baemployee because:	Insurance Program.	2.	Check the box(es) that apply in has Option A, Option B, or Opticorrect multiple. If the individua Option C, check the reason in li	on C I doe	. If Option B s not have 0	is ch Option	neck n A,	ed, (ente	er th		
Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date.								Opti				
Not retired on an immediate annuity.							(<i>I</i>	<i>И=N</i> В	<i>1ult)</i> M			
3. OPM Use Only	·	A.	Individual named above has this type of as a retired employee under the Federal Life Insurance Program.	optior Empl	al insurance oyees' Group		Α		IVI			
		В.	Individual named above does not have the optional insurance as a retired employee									
			B1. Did not elect this type of optional i employee.	insura	nce as an							
Signature of authorized OPM Office	ial	1	B2. Not eligible for Basic Life Insurance retiree.									
Timed many of subbarined ODM C	fficial C. Data (mag. day viii)		B3. Not enrolled from first opportunity immediately preceding the annuit: B4. Cancelled this type of optional ins	y com	mencing date.							
5. Typed name of authorized OPM C	inicial 6. Date (mo., day, yr.)		B4. Cancelled this type of optional his	urano								
	Agency Report of Ter	mir	nation of Retired Status									
Reason for termination 3. If reason for termination is death, give name and address of next of kin, executor of		2. f	75% Reduction 50% Reduction No Reduction	ermin Opt. <i>F</i>		t. B	3 4 5] (Opt.	С		
estate or other contact	and a second of the proceeding of		ū	ol.								
			5. Typed name of authorized official									
6. Date annuity terminated (mo., day, yr.)			Date signed (mo., day, yr.)	8.	Telephone r	numb	er					

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.



Certification Of Insured Employee's Retired Status

(See instructions on reverse side)

Name of retired employee (last, first, middle)		2.	2. Date of birth (mo., day, yr.) 3. Social security number							
4. Mailing address (number, street, City, State and ZIP Code)		5.	Plan or System under which retired	6.	Retirement	ent claim number (if any)				
			Effective date of annuity (mo. day. yr.)	8.	Did employee annuity? Yes	retire o	on an immediate			
Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date? Yes 75% Reduction			Did employee have Standard Optional In opportunity or the 5 years immediately p	surar reced	nce (Option A) ling the annuity	from the	first encing	date		
If "Yes" check appropriate box	50% Reduction No Reduction		1.,	□						
11 Did employee have Additional Optional Insura	ance (Option B) from the first	12.	Yes Did employee have Family Optional Insu	No urance (Option C) from the first opportunity						
opportunity or the 5 years immediately prece	No		or the 5 years immediately preceding the	ne annuity commencing date?						
13. I hereby <i>certify</i> that the above infor obtained from official records and is	rmation, except for periods of	unv								
14. Name and mailing address of agency (include ZIP Code)		15.	Signature of authorized agency	offic	ial					
		16.	6. Typed name of authorized agency official 17. Date (mo., day,						y, yr.)	
			Title							
Certification	on of Office of Person	ne	Management, Boyers, I							
Individual named above has Basic Life Insurance as a retired employee under the Federal Employees' Group Life Insurance Program. Individual named above does not have Basic Life Insurance as a retired employee because: Not enrolled in FEGLI Basic from first opportunity or the 5 years		2.	Check the box(es) that apply in has Option A, Option B, or Opticorrect multiple. If the individua Option C, check the reason in li	on C I doe	 If Option es not have 	B is ch Option	necke n A, (ed, e Optio	enter th	
immediately preceding the annuity commencing date. Not retired on an immediate annuity.							(/\	Optio <u>∕/=//</u>	ult)	
OPM Use Only			Individual named above has this type of	option	nal insurance		Α	В	МС	
ŕ		В.	as a retired employee under the Federal Life Insurance Program. Individual named above does not have the							
			optional insurance as a retired employee							
			B1. Did not elect this type of optional insurance as an employee.							
			B2. Not eligible for Basic Life Insurance retiree.	e cov	erage as a					
Signature of authorized OPM Offici	aı .		B3. Not enrolled from first opportunity immediately preceding the annuity	y com	mencing date.					
5. Typed name of authorized OPM Of	fficial 6. Date (mo., day, yr.)		B4. Cancelled this type of optional ins	uranc	e.					
I	Agency Report of Teri	mir	nation of Retired Status							
Reason for termination			75% Reduction 50% Reduction No Reduction	ermir Opt. <i>F</i>		pt. B	3 4 5] c	Opt. C	
 If reason for termination is death, give name a estate or other contact 	ina address of next of kin, executor of	4.	Signature of authorized official							
			Typed name of authorized official							
6. Date annuity terminated (mo., day, yr.)			Date signed (mo., day, yr.)	8.	Telephone	numb	er			

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.



Certification Of Insured Employee's Retired Status

(See instructions on reverse side)

1. Name of retired employee (last, first, middle)			2. Date of birth (mo., day, yr.) 3. Social security number							
4. Mailing address (number, street, City, State and ZIP Code)			Plan or System under which retired	6. Retirement claim number (if any)						
			7. Effective date of annuity (mo. day. yr.) 8. Did employee retire on an immediate annuity? Yes No							
9. Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date?			Did employee have Standard Optional In opportunity or the 5 years immediately p				g date	Э		
Yes	75% Reduction									
If "Yes" check	50% Reduction		1							
appropriate box	No Reduction		Yes	No						
11. Did employee have Additional Optional Insur- opportunity or the 5 years immediately prece	eding the annuity commencing date?	12.	or the 5 years immediately preceding the	rance ann	annuity commencing date?					
Yes	No		Yes	No						
I hereby <i>certify</i> that the above info obtained from official records and i		unv	erified service alleged by the retir	ea e	empioyee, nas bee	en				
14. Name and mailing address of agency (include ZIP Code)		15.	Signature of authorized agency	offic	ial					
		16.	16. Typed name of authorized agency official 17. Date (mo., da						r.)	
		18.	Title							
Certification	on of Office of Person	nel	Management, Boyers, F	PA	16017					
Individual named above has Basic Life Inunder the Federal Employees' Group Life Individual named above does not have Baemployee because:	Insurance Program.	2.	Check the box(es) that apply in has Option A, Option B, or Optic correct multiple. If the individua Option C, check the reason in li	on C I doe	 If Option B is ches not have Option 	neck n A,	ed, (ente	er th	
Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date.							Opti			
Not retired on an immediate annuity.						(<i>I</i>	<i>И=№</i> В	<i>1ult)</i> M		
3. OPM Use Only	,	A.	Individual named above has this type of as a retired employee under the Federal Life Insurance Program.	option Emp	nal insurance loyees' Group	Α.	ь	IVI		
		В.	Individual named above does not have the optional insurance as a retired employee	nis typ	pe of ause:					
			B1. Did not elect this type of optional i employee.	nsura	ince as an					
Signature of authorized OPM Office	ial		B2. Not eligible for Basic Life Insurance retiree.	e cov	verage as a					
			B3. Not enrolled from first opportunity immediately preceding the annuity	/ com	mencing date.					
5. Typed name of authorized OPM O			B4. Cancelled this type of optional ins	uranc	e. 					
	Agency Report of Teri	mir	nation of Retired Status							
Reason for termination		2.	Insurance coverage at time of te Basic Life C 75% Reduction 50% Reduction No Reduction	ermir Opt. <i>I</i>		3 4 5	<u> </u>	Opt.	С	
If reason for termination is death, give name a estate or other contact	and address of next of kin, executor of		Signature of authorized official							
	Typed name of authorized official									
6. Date annuity terminated (mo., day,	7.	Date signed (mo., day, yr.)	8.	Telephone numb	er					

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.